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Bib Data Sheet

CONFIRMATION NO. 6519

|  |   |                                   |   |   |
|--|---|-----------------------------------|---|---|
| <b>SERIAL NUMBER</b><br>09/786,889   | <b>FILING DATE</b><br>06/15/2001<br><b>RULE</b>   | <b>CLASS</b><br>455               | <b>GROUP ART UNIT</b><br>2681   | <b>ATTORNEY DOCKET NO.</b><br>10806-003 |
| <b>APPLICANTS</b><br>Per Lindgren, Stockholm, SWEDEN;<br>Christer Bohm, Nacka, SWEDEN;<br>Lukas Holm, Stockholm, SWEDEN;<br>Magnus Danielson, Stocksund, SWEDEN;<br>Anders Bostrom, Solna, SWEDEN;   |   |                                   |   |   |
| <b>** CONTINUING DATA *****</b><br>THIS APPLICATION IS A 371 OF PCT/SE99/01573 09/09/1999  |   |                                   |   |   |
| <b>** FOREIGN APPLICATIONS *****</b><br>SWEDEN 9803068-7 09/10/1998  |   |                                   |   |   |
| <b>** SMALL ENTITY **</b>  |   |                                   |   |   |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged | Examiner's Signature <i>[Signature]</i> Initials  | <b>STATE OR COUNTRY</b><br>SWEDEN | <b>SHEETS DRAWING</b><br>7  | <b>TOTAL CLAIMS</b><br>34               |
| <b>INDEPENDENT CLAIMS</b><br>7   |   |                                   |   |   |
| <b>ADDRESS</b><br>20583  |   |                                   |   |   |
| <b>TITLE</b><br>Methods for changing the bandwidth of a circuit switched channel   |   |                                   |   |   |
| <b>FILING FEE RECEIVED</b><br>1979   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |